

HOKE McNEAL ACADEMY
ENROLLMENT FORM *Returning Students*
2014-2015

General Student Information

Legal Name of Student: _____ M F

_____ First Middle Last Preferred Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Date of Birth: _____ Grade for 2014-15: _____

School District Student Resides In: _____

Ethnic Origin: White Hispanic African-American Native American Other

Family Information

The student is living with: Both Parents Father only Mother only

Father and Stepmother Mother and Stepfather Other (*explain*)

If divorced, who has legal custody of child: Father Mother Joint

Please be sure the school office has copies of court documents regarding custody issues, if applicable.

Please state any further legal restrictions that concern this student: _____

Father's Name: _____ Mother's Name: _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email Address: _____

Address (*if different from student*) _____

City, ST ZIP Code _____

Employer: _____

Member or Attends

Church Name: _____

Pastor's Name: _____

City: _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email Address: _____

Address (*if different from student*) _____

City, ST ZIP Code _____

Employer: _____

Member or Attends

Church Name: _____

Pastor's Name: _____

City: _____

Siblings Information

Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

please continue on reverse side...

Alternative Emergency Contacts

Primary Emergency Contact:

() ()
Home Phone Work Phone

Address:
City, ST ZIP Code

Secondary Emergency Contact:

() ()
Home Phone Work Phone

Address:
City, ST ZIP Code

Medical Information

Hospital/Clinic Preference:

Physician's Name Phone Number

Allergies/Special Health Considerations - Please list significant allergies about which the school should be aware.

Foods:

Medications:

I authorize **Hoke McNeal Academy** staff to act in the event of an emergency situation and obtain medical care as is reasonably necessary.

Parent's/Guardian's Signature Date

Hoke McNeal Academy's Non-Discrimination Policy

Hoke McNeal Academy does not discriminate in any manner contrary to law or justice on the basis of race, color, gender, age, religion, disability or national origin in its admissions, educational programs or activities.

Do you give **Hoke McNeal Academy** permission to use your child's photograph in any publications, newsletters, Marketing Tools, Website, or other related school material? Circle: Yes No

For Office Use

Registration Paid _____ Check No. _____ Date _____

Forms received:

Immunizations